

Case Number:	CM14-0042118		
Date Assigned:	06/20/2014	Date of Injury:	12/08/2010
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who reported an injury on 12/08/2010. The mechanism of injury reportedly occurred when she rushed to grab onto a patient to prevent a fall. The injured worker's diagnoses included cervical discopathy, likely lumbar discopathy, and headaches. On the orthopedic evaluation dated 02/06/2014 the injured worker complained of aching pain in the cervical spine with pain radiating through the bilateral shoulders extending to her elbow, as well as frequent headaches and dizziness. The injured worker complained of numbness and tingling in the wrists, hands, fingers and lumbar spine. The physical examination of the cervical spine noted the injured worker had mild torticollis and a positive Spurling's maneuver. The biceps deep tendon reflex and strength were both noted as diminished. The dorsum of the hand had diminished sensation and the injured worker demonstrated positive Tinel's and Phalen signs. The lumbar spine had tenderness from the thoracolumbar spine down to the base of the pelvis. Previous treatments included physical therapy, acupuncture sessions, chiropractic care, 3 cervical nerve block injections, right shoulder surgery in June 2011, and right carpal tunnel release in 2012. The current medications included gabapentin, aspirin, Lorazepam, and a sleeping aid. The requested treatment plan was for Zofran, Duracef, Norco, Gabapentin, and Fioricet. The request for authorization form was not included with the documentation submitted for review. The rationale for Zofran, Duracef and Norco was documented as to help the injured worker with postoperative care. A left carpal tunnel release was recommended but not yet scheduled. The rationale for Gabapentin was for symptomatic relief of neuropathic pain and Fioricet for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zofran: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) " Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran is non-certified. The injured worker's history included head, neck, and upper and lower back pain, as well as bilateral carpal tunnel syndrome. The requested treatment plan included a left carpal tunnel release and Zofran to help in the postoperative period against nausea. The Official Disability Guidelines state ondansetron (Zofran) is FDA-approved for postoperative use. The orthopedic evaluation dated 02/06/2014 recommended a left carpal tunnel release but it did not indicate that the procedure had been scheduled. There is a lack of documentation to support that the injured worker had undergone the recommended surgery or that it had even been approved and scheduled. In addition, the documentation submitted did not specify the dose, frequency, or quantity to be taken. Based on the above, the request of Zofran is not medically necessary and appropriate.

Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/antibiotics.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious diseases, Cefadroxil (Duricef).

Decision rationale: The request for Duracef is non-certified. The injured workers history included head, neck, and upper and lower back pain, as well as bilateral carpal tunnel syndrome. The requested treatment plan included a left carpal tunnel release and Duracef to be given prophylactically for a very short period of time after surgery. The Official Disability Guidelines state cefadroxil (Duracef) is recommended as first-line treatment for skin and soft tissue infections. The orthopedic evaluation dated 02/06/2014 recommended a left carpal tunnel release but it did not indicate that the procedure had been scheduled. There is a lack of documentation to support that the injured worker had undergone the recommended surgery or that it had even been approved and scheduled. In addition, the documentation submitted did not specify the dose, frequency, or quantity to be taken. Based on the above, the request of Duracef is not medically necessary and appropriate.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page(s) 91 Page(s): 91.

Decision rationale: The request for Norco is non-certified. The injured worker's history included head, neck, and upper and lower back pain, as well as bilateral carpal tunnel syndrome. The requested treatment plan included a left carpal tunnel release and Norco as a pain reliever. The California MTUS guidelines state Norco is indicated for moderate to moderately severe pain. The orthopedic evaluation dated 02/06/2014 recommended a left carpal tunnel release but it did not indicate that the procedure had been approved or scheduled. There is a lack of documentation to support that the injured worker had undergone the recommended surgery and subsequently experienced moderate to moderately severe pain to warrant the use of Norco. In addition the request did not specify the dose, frequency, or quantity to be taken. Based on the above, the request of Norco is not medically necessary and appropriate.

Gabapentin 600 mg #120 PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page(s) 16-22 Page(s): 16-22.

Decision rationale: The request for Gabapentin 600mg #120 prn (As needed) is non-certified. The injured worker's history included head, neck, and upper and lower back pain, as well as bilateral carpal tunnel syndrome. The California MTUS guidelines state gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. The medication history indicated an ongoing prescription for Gabapentin. There is a lack of documentation to indicate functional improvement and pain relief with continued use of the medication. Based on the above, the request of Gabapentin 600 mg #120 PRN (As needed) is not medically necessary and appropriate.

Fioricet #60 PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), page(s) 23 Page(s): 23.

Decision rationale: The request for Fioricet #60 PRN (As needed) is non-certified. The injured worker's history included head, neck, and upper and lower back pain, as well as frequent headaches and dizziness. The California MTUS guidelines state barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The medication history indicated an ongoing prescription for Fioricet. There is a lack of documentation to indicate functional improvement and pain relief with continued use of the medication. In addition the request did not specify the dose to be taken. Based on the above, the request of Fioricet #60 PRN (As needed) is not medically necessary and appropriate.